



SWTR-LT2 F

Instructions: Fill out Sections I through III. In Section II, if a field does not apply, leave it blank. Attach laboratory forms. Send results to your regional MassDEP office attention DWP/LT2ESWTR, no later than 10 days after the end of the first month following the month when the sample is collected. For an Excel version of this form, visit: <http://www.mass.gov/eea/agencies/massdep/water/approvals/lt2-swtrs.html>.

[illegible]



Massachusetts Department of Environmental Protection - Drinking Water Program
SWTR- LT2 Round 2 Results
Form for Schedule 2 Systems Only

SWTR-LT2 F

III. CERTIFICATION

I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Phone #: () _____ - _____ Email: _____

IV. FOR MassDEP/DWP USE ONLY

Received by MassDEP on:

Check one (✓)

Entered in WQTS: ☐ Yes ☐ No

Accepted: ☐

Other Database: _____

Comments: